

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

County/Tribal
Social and
Human Services
Family Planning
Clinics
Federally Qualified
Health Centers

HealthCheck
Providers

Home Health
Agencies

Individual Medical
Supply Providers

Local Health
Agencies

Medical Equipment
Vendors

Nurse
Practitioners

Outpatient
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Providers

Pharmacies

Physician Clinics

Physicians

Prenatal Care
Coordination
Providers

W-2 Agencies

HMOs and Other
Managed Care
Programs

Revision of breast pump coverage

Wisconsin Medicaid is revising its clinical guidelines and adjusting maximum fees to better reflect costs associated with breast pump starter kits. Breast pump procedure code descriptions will also change.

Revised clinical guidelines

Effective for dates of service on and after March 1, 2001, Wisconsin Medicaid will cover breast pumps according to the criteria listed below. Previous guidelines were published in the August 1999 *Wisconsin Medicaid Update* (99-38), titled "Coverage of additional type of breast pump and revised clinical guidelines." Revisions to the guidelines are listed in bold.

All of the following criteria must be met:

- The recipient recently delivered a baby and a physician has ordered or recommended mother's breast milk for the infant.
- Documentation indicates there is **the potential for** adequate milk production.
- Documentation shows there is a long-term need and planned use of the breast pump to obtain a milk supply for the infant.
- The recipient is capable of being trained to use the breast pump as indicated by the physician or provider.
- Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult or there is difficulty with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

The provider who supplies the breast pump equipment is required to obtain and maintain on file the physician's orders documenting the clinical requirements of the individual's need for a breast pump. Attachment 1 of this *Update* is an optional form that can be used to ensure all coverage criteria are addressed in the physician order.

The following Medicaid-certified provider types can be reimbursed for breast pumps:

- Federally qualified health centers.
- Pharmacies.
- Home health agencies.
- Individual medical suppliers.
- Medical equipment vendors.

Breast pump description changes

Effective for dates of service on and after March 1, 2001, breast pump code descriptions will be revised. New code definitions with changes in bold are as follows:

- W6819 - Breast pump-powered/electric, portable with intermittent suction, including **single or double pumping kit**.
- W6820 - Breast pump-electric, hospital grade, including **single or double pumping kit**.
- W6821 - Breast pump-manual or **pedal powered with single or double pumping kit**.

Refer to Attachment 2 for a summary of Medicaid breast pump coverage.

Starter/accessory kits

Wisconsin Medicaid's maximum allowable fees includes, for all breast pumps, the allowance for starter/accessory kits. These kits are dispensed at the time the recipient is given the initial breast pump and cannot be reused by another individual.

Rental (type of service "R")

Effective for dates of service on and after March 1, 2001, when the *rental* of a breast pump is prescribed, Wisconsin Medicaid will allow providers to receive a higher per day reimbursement rate during the initial 30-day rental period for the costs associated with providing a new starter/accessory kit.

Wisconsin Medicaid is implementing the HCFA Common Procedure Coding System (HCPCS) modifier "KH": initial claim first month rental. This modifier is to be used with procedure code W6820 for this initial 30-day rental period. Providers using the "KH" modifier will receive a total reimbursement rate of \$3 a day during this initial 30-day rental period to pay costs for the initial starter/accessory kit.

Modifier "KH" may not be used with any of the other breast pump procedure codes or after the initial 30-day rental period. Claims with the "KH" modifier beyond the initial 30-day rental period for procedure code W6820 or services billed using the "KH" modifier with procedure codes W6819 and W6821 will be denied.

Purchase (type of service "P")

Maximum fees have been increased for W6819 and W6821. This increase in maximum fees will better reflect costs associated with a starter/accessory kit.

Deposit fees and delivery charges prohibited

Providers are prohibited from charging Medicaid recipients a deposit fee, delivery charge, or any amount other than copayment for durable medical equipment, including breast pumps.

Wisconsin Medicaid's maximum fees must be accepted as payment in full for products or services provided. Copayment amounts are listed in Attachment 2. Refer to the Provider Rights and Responsibilities section of the All-Provider Handbook for more information.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

Providers are prohibited from charging Medicaid recipients a deposit fee, delivery charge, or any other amount other than the copayment for durable medical equipment (DME), including breast pumps.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

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BREAST PUMP ORDER
WISCONSIN MEDICAID OPTIONAL FORM

To be completed by physician and given to provider of the breast pump.

Date of order _____

Recipient _____

Recipient's address _____

Date of delivery _____

Recipient's Medicaid ID number _____

All boxes must be checked for Medicaid coverage.

- ☐ Physician ordered or recommended breast milk for infant.
- ☐ Potential exists for adequate milk production.
- ☐ Recipient plans to breast-feed long term.
- ☐ Recipient is capable of being trained to use the breast pump.
- ☐ Current or expected physical separation of mother and infant (e.g., illness, hospitalization, work) would make breast-feeding difficult or there is difficulty with "latch on" due to physical, emotional, or developmental problems of the mother or infant.

Type of pump

Physician orders or recommends the following breast pump.

- ☐ Electric breast pump
- ☐ Portable electric/battery pump
- ☐ Manual pump

Physician's name (please print)

Physician's address

SIGNATURE-Physician

Date signed

ATTACHMENT 2

Medicaid Breast Pump Coverage

Effective for Dates of Service on and after March 1, 2001

Procedure Code	TOS (type of service)	Description	Allowable Provider Types*	POS (place of service)	PAC (pricing action code)	Max Fee	Effective Date	Prior Authorization Requirement	Life Expectancy	NH Reimb	Copay
W6819	P (Purchase)	Breast pump-powered/electric, portable with intermittent suction, including single or double pumping kit.	24, 26, 44, 54, 58	3-office, 4-home	170	\$120	03/01/01	Initial purchase does not require prior authorization.	1 per lifetime without prior authorization.	**	\$3.00
W6820-KH	R (Rental-first month only)	Breast pump-electric, hospital grade, single or double pumping kit. First month only to reimburse for cost of starter kit.	24, 26, 44, 54, 58	3-office, 4-home	170	\$3/day	03/01/01	Initial rental does not require prior authorization.	N/A	**	\$0.00
W6820	R (Rental)	Breast pump-electric, hospital grade, single or double pumping kit.	24, 26, 44, 54, 58	3-office, 4-home	170	\$2/day	03/01/01	Required after 60 days rental, includes the initial 30-day rental billed with the "KH" modifier.	N/A	**	\$0.00
W6821	P (Purchase)	Breast pump-manual or pedal-powered with single or double pumping kit.	24, 26, 44, 54, 58	3-office, 4-home	170	\$50	03/01/01	Initial purchase does not require prior authorization.	1 per lifetime without prior authorization.	**	\$2.00

*24 - federally qualified health center, 26 - pharmacy, 44 - home health agency, 54 - medical equipment vendor, 58 - individual medical supplier.

**Item may not be separately billed for nursing home recipients.